FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K09145 1. Corporation Name

1999

JIM'S CRANE SERVICE CO., INC.

FILED Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90033 005 ***150.00



	· ·				I (\$01011) 011 00110 total cities and a serie	11811 61611 61611 61611 6161	
Principal Place of Business Mailing Address							
495 MARLLO RD KISSIMMEE FL 34744		P.O. BOX 423237 KISSIMMEE FL 34742-0237			DO NOT WRITE IN THIS SPACE		
US					3. Date Incorporated or Qualifed		
					12/28/1987		
2 a. Mailing Address					4. FEI Number	Appli	ied For
2. Principal Place of Business					59-2863125	Not /	Applicable
21		26 Suite Ant # ots	Suite, Apt. #, etc.			\$8.75 Ad	ditional
Suite, Apt. #, etc.		— · · · · ·	→		5. Certificate of Status Desired Fee Required		
22	<u> </u>	City & State	City & State		6. Election Campaign Financing \$5.00 May Be		
City & State	,	-			Trust Fund Contribution Added to Fees		
23			Countr		8. This corporation owes the current ye	ear Intangible	
Zip	Country	·		,	Personal Property Tax.		<u> </u>
24	. 25		<u> </u>		10. Name and Address of New Regis	tered Agent	
Name and Address of Current Registered Agent				1 Name			
	TO ALL LAMPO M	,14.5°	Ĺ				
LITTERAL, JAMES M.			8	82 Street Address (P.O. Box Number is Not Acceptable)			
1 287 495 MAREO			8			TERROR EN LUIS	机用机制造
KISSIMMEE FL 34744-2112				3 .		<u>。共和国自由国建立</u>	
				4 City	A Particular of the Control of the C	FL 85 Zip Co	ode
		* • • •				of changing its F	enistered
11. Pursuant l	the provisions of Sections 607 ogistered agent, or both, in the SI familiar with, and accept the ob	.0502 and 607.1508, Florida Statutes tate of Florida. Such change was aut bligations of, Section 607.0505, Flori	s, the abo thorized t da Statute	ove-named cor by the corporat es.	poration submits this statement for the purp tion's board of directors. I hereby accept the	appointment as reg	istered
SIGNATURE		(NOTE:	Penistered A	nent signature requi		ATE	
Signature, typed or printed name of registered agent and the first applicable.					ADDITIONS/CHANGES TO OFFICE		RS IN 12
TI DELETE			1.1 TITU	E T	125 July 15	Change	Addition
TITLE	P		1.2 NAM	e Ì			
NAME	LITTERAL, JAMES M.			EET ADDRESS			•
STREET ADDRESS							
CITY-ST-ZIP	KISSIMMEE FL DELETE			-ST-ZIP		Change	Addition
TITLE	ST		2.1 TITL	-			
NAME	LITTERAL, ERIC M		2.2 NAM				
STREET ADDRESS	495 MARLO		2.3 STR	EET ADORESS			
CITY ST. 7ID KISSIMMEE FL.			_	Y-ST-ZIP		Change	☐ Addition
TITLE	DVP	☐ DELETE	3.1 TITL	E Ì			_
1 11 11 1113	15点だったんぶんじょ						

LITTERAL, JAMES M. III 3.3 STREET ADDRESS 4785 DEER RUN RD STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ر Change: ا DELETE 4.1 TITLE TITLE 4.2 NAME NAME ... 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP Addition CITY-ST-ZIP DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP ■ Addition ☐ Change CITY-ST-ZIP DELETE 6.1 TITLE 11.3% H. A. . TITLE 45,114,10 6.2 NAME NAME **美国的特别** 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP